

**APPLICATION DATA SHEET****Application Information****COPY****RECEIVED****MAR 11 2004**

Application number::

Filing Date::

January 17, 2002

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Yes

Computer Readable Form (CRF)?::

Yes

Number of copies of CRF::

1

Title ::

SPHINGOSINE-1-PHOSPHATE LYASE  
POLYPEPTIDES, POLYNUCLEOTIDES AND  
MODULATING AGENTS AND METHODS OF  
USE THEREFOR

Attorney Docket Number::

200116.402C2

Request for Early Publication?::

No

Request for Non-Publication?::

No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?::

Yes

Petition included?::

No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?::

No

**First Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Julie
Middle Name::	D
Family Name::	Saba
Name Suffix::	
City of Residence::	Oakland
State or Province of Residence::	CA
Country of Residence::	US
Street of mailing address::	6630 Banning Drive
City of mailing address::	Oakland
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	94611

**Second Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Denmark
Status::	Full Capacity
Given Name::	Henrik
Middle Name::	
Family Name::	Fyrst
Name Suffix::	
City of Residence::	Alameda
State or Province of Residence::	CA
Country of Residence::	US
Street of mailing address::	1411 Grant Street, #3

City of mailing address:: Alameda  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94501

**Correspondence Information**

Correspondence Customer Number :: **00500**

**Representative Information**

Representative Customer Number::		<b>00500</b>
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**Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-part of	09/356,643	07/19/99
09/356,643	Continuation-in-part of	08/939,309	09/29/97

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee name::	Children's Hospital Oakland Research Institute
Street of mailing address::	747 Fifty Second Street
City of mailing address::	Oakland
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	94609-1673

(JAU:cew) #249483